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PTO/SB/21 (6-98)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/263,801
		Filing Date 3/6/99
		First Named Inventor Fish
		Group Art Unit 2711
		Examiner Name
Total Number of Pages in This Submission 17	Attorney Docket Number SGUS0007	TC 2700 MAIL ROOM HAN-6 2001

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ENCLOSURES (*check all that apply*)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
<i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s)
<i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert C. Ryan
Signature	
Date	Rec'd 1/22/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2/28/00

Typed or printed name	Susan Koonce		
Signature	Susan Koonce	Date	2/23/00

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PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032
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FEE TRANSMITTAL

for FY 2000

*Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB-09-12.
See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT

TOTAL AMOUNT OF PAYMENT (\$ 696)

Complete if Known				
Application Number	09/263,801			
Filing Date	3/6/99			
First Named Inventor	Fish			
Examiner Name				
Group / Art Unit	2711	TC 27000	MAR	VS
Attorney Docket No.	SGUS0007			

METHOD OF PAYMENT (check one)						
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:					
Deposit Account Number						
Deposit Account Name						
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17						
2. <input checked="" type="checkbox"/> Payment Enclosed:	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other			
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity		Small Entity				
Fee Code (\$)	Fee	Fee Code (\$)	Fee Description	Fee Paid		
101	690	201	345 Utility filing fee			
106	310	206	155 Design filing fee			
107	480	207	240 Plant filing fee			
108	690	208	345 Reissue filing fee			
114	150	214	75 Provisional filing fee			
SUBTOTAL (1) (\$)						
2. EXTRA CLAIM FEES						
Large Entity		Small Entity				
Fee Code (\$)	Fee	Fee Code (\$)	Fee Description	Fee from below		
Total Claims	50	-20** = 30	\times	1.8	=	540
Independent Claims	5	-3** = 2	\times	7.8	=	15.6
Multiple Dependent			\times		=	
**or number previously paid, if greater; For Reissues, see below						
Large Entity Small Entity						
Fee Code (\$)	Fee	Fee Code (\$)	Fee Description	Fee Paid		
103	18	203	9 Claims in excess of 20			
102	78	202	39 Independent claims in excess of 3			
104	260	204	130 Multiple dependent claim, if not paid			
109	78	209	39 ** Reissue independent claims over original patent			
110	18	210	9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)				696		

FEE CALCULATION (continued)	
FEES	
Entity Fee (\$)	Fee Description
5 Surcharge - late filing fee or oath	
5 Surcharge - late provisional filing fee or cover sheet.	
0 Non-English specification	
20 For filing a request for reexamination	
20* Requesting publication of SIR prior to Examiner action	
340 Requesting publication of SIR after Examiner action	
5 Extension for reply within first month	
0 Extension for reply within second month	
5 Extension for reply within third month	
0 Extension for reply within fourth month	
0 Extension for reply within fifth month	
0 Notice of Appeal	
0 Filing a brief in support of an appeal	
0 Request for oral hearing	
0 Petition to institute a public use proceeding	
0 Petition to revive - unavoidable	
0 Petition to revive - unintentional	
0 Utility issue fee (or reissue)	
0 Design issue fee	
0 Plant issue fee	
0 Petitions to the Commissioner	
0 Petitions related to provisional applications	
0 Submission of Information Disclosure Stmt	
0 Recording each patent assignment per property (times number of properties)	
0 Filing a submission after final rejection (37 CFR § 1.129(a))	
0 For each additional invention to be examined (37 CFR § 1.129(b))	
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SUBTOTAL (3) (\$)	
<hr/>	
Fee Paid	

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Robert C. Ryan	Registration No. (Attorney/Agent)	29,343	Telephone
Signature				Date
WARNING: _____				

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